JOURNEY OF A BISEXUAL INDIAN WOMEN: A CASE STUDY

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ABSTRACT

Bisexuality, during the recent years, has portrayed significantly large areas that are yet to be researched. In India, individuals with bisexuality may or may not require to hide their sexual orientation and either way are posed with difficult circumstances, unless their preferences are accepted in their immediate social circles. Although research on the emotional dimension of the events experienced in case of bisexuality mapped are rare especially in India.

The present research imbibed the journey of a bisexual Indian women's struggle in Bangalore, the silicon valley of India, pertaining to discrimination at the place of work, alienation due to stigma, having to move away from home, lack of acceptance by family members, and so forth that apparently contribute to feelings of guilt, lack of self -acceptance, isolation and loneliness, unmet emotional needs and such similar issues based on dimensions of minority stress model. Difficulties around finding same-sex partners can be reasoned to be consequences of internalised homophobia and with-in group discrimination. However, the experiences in case study may be unique to the participant and an exploration of the prevalence of such trends is required. The implications accentuated the responsibility of culturally-sensitive or multicultural adapted therapists to attend to issues of race, gender identity and sexual orientation while envisaging a good support structure that would aid in the development of the participant's sexual identity as well, while having her exposed to variety of experiences, which may have otherwise been impossible in her conservative social circles.

KEYWORDS: Bisexuality, Homophobia, Discrimination, Social support, Multicultural, India.

In India, sexual activity with members of both sexes is discussed in texts such as Kamasutra, and depicted in art and sculpture such as Rajasthani paintings and Khajuraho sculptures. While discourse about bisexuality may be surfacing in recent times, it's as old as human civilisation. It pre-dates evolution of humans.

The bisexuality as described as an attraction to both men and women, there are studies that propose it as a defence against homosexuality. Homosexuality has been seen in varying light through the history of the Indian sub- continent. The Vedic literature has verses that some scholars interpret to be references to homosexual and transgender affinities. Many literary evidences suggest that homosexuality was accepted in ancient India and people with alternate sexual orientation or gender identity were by no means considered any inferior to the heterosexual population. Further a community of transgender persons known as the Hijra were revered in ancient times, encompassing Vatsyayana's Kamasutra that had a separate chapter on homosexuality. However, in a conservative Indian society, individuals who identify to have a sexual orientation other than the heterosexual norm, face a wide range of social and emotional difficulties due to a lack of tolerance and acceptance.

There are quite a number of recent Indian studies that examine various issues of homosexual men and transgender women in particular, ranging from studies based on Meyer's minority stress model, accessibility of health care, occurrence of depression, alcohol and substance abuse, risk factors for sexually transmitted infections and diseases, discrimination from mental health professionals and so on. While these studies have proved useful in identifying the large population facing issues, they do not identify the severity nor highlight the quality of emotional and social issues of such population. Further, there are negligible data available on homosexual women and bisexual persons.

The minority stress model (Meyer,1995) explains that population identified as a minority group such as a sexual minority like LGB individuals or a racial minority face chronically high levels of stress owing to discrimination, prejudice and similar other social difficulties. The effects of such stress include a higher prevalence of stress related disorders among minority populations, including hypertension, cardiovascular diseases and mental illnesses. focuses on the higher occurrence of mental illnesses among LGB individuals and explains the causes for the same in terms of following components: Experiences of prejudice and discrimination, fear of rejection and internalised homophobia and coping strategies to deal with chronic stress (Meyer, 2003).

Considering the scarcity of studies, the present research addresses psychological distress faced by bisexual women experiencing psychological distress that may be attributed to general anxiety, depression as applicable to a person's personality traits and possible behaviour problems. (e.g., restlessness; feeling tense) (Narrain 2015.; Rao and Jacob, 2012).

The preponderance of the evidence suggests that bisexual individuals may or may not hide their sexual orientation and either way are posed with difficult circumstances, unless their preferences are accepted in their immediate social cir-

cles. Taken together, the evidence from these studies supports the minority stress hypothesis that LGB populations are vulnerable to suicide ideation and attempt—although the evidence on adult lesbian and bisexual women is not as clear. In addition to suppressed emotions, concealment prevents LGB people from identifying and affiliating with others who are gay. This way of coping can also have a stressful impact (Miller & Major, 2000). For example, concealing one's stigma is a common way of coping with stigma and avoiding negative regard, yet it takes a heavy toll on the person using this coping strategy (Smart & Wegner, 2000). The issues accentuates the discrimination at their place of work, alienation due to stigma, having to move away from home, lack of acceptance by family members, substantiated by emotional problems surrounding the feelings of guilt, lack of self-acceptance, isolation and loneliness, unmet emotional needs and such similar issues (Kalra, Gupta & Bhugra, 2010).

Case Description:
The participant, Ms. A, aged 25 years, employed, belonged to middle socio economic status residing in Bangalore. Although her adjustment in life was quite evitable but it could be observed that she was yet to overcome some issues. She was appropriately dressed and had no difficulty in speech. The eye contact was good for most of the interview period and she appeared comfortable. The interview questions are mapped to the theoretical components of the minority stress model and are presented in the current section of the report in the form of verbatim. However, there were some instances wherein the participant wished to avoid further questions on the topic being discussed. The details of the same have been discussed below as represented in themes:

RESULTS AND DISCUSSION:
Development of Sexual Identity:
The participant has accepted her sexual orientation and confidently identifies herself to be bisexual. She is quite clear about what her sexual orientation means to her and what she expects from her partner. She asserts that 'My religion considers homosexual actions as mortal sin and for now my parent's ignorance is my bliss but they'll get to know one day that I'm bisexual. She asserts that, 'In college, a girl I thought was the love of my life ignores me every single day – what was the solution my brain offered? Kill yourself! The strongest suicidal thought I've had till date, an entire night I was lying on my bed numb and thinking of ways to end my life. Here's where we thank religion again, suicide isn't really allowed you know so I got through that night and left the kitchen knife back in its place.' Research on contrary, suggests that while parents' and children's religious participation is a protective buffer for heterosexual suicidal youth, the opposite is true for non-heterosexual youth (Shearer et al. 2016).

It has been around two years since the participant realised that she is bisexual. Though having undergone difficulties in this period, the participant has had enough time and experiences to overcome them. The participant wished she wasn't bisexual at one point in time, though she does not feel the same at present. From being in a stage of confusion and contemplation to developing personal power over her relationships, the participant has significantly improved in terms of emotional stability and has developed her identity to accept her sexual orienta-

tion.

Internalised Homophobia:

The participant endured harassment at the hands of her few classmates during her college days. It appears that she is yet to resolve the emotional difficulties that have risen from this. However, we may note that the participant experienced guilt on having attempted to confront her harasser. It may have been possible that the harasser projected their own negative attitudes about alternate sexual orientation on to the participant, having a lasting negative impact (Logie et al. 2012).

The participant expressed that she feels guilt while hiding certain information from her parents as they would not approve. The participant faces a conflict here wherein she wishes to act according to her parents' expectations yet is unable to let go of her own wants and wishes. The participant may be experiencing guilt due to her need for pleasing her parents, which may be aggravated by the fear of severing her relationship with her parents. She retorted about her plight, 'I suffered from depression a few years ago. And I live in quite a conservative locality. Some people might just take offence if somebody tells them that they're gay. Having learnt how we all have feminine traits and masculine traits and not being able to comprehend gender ambiguity, I wanted to try real hard to bring out my femininity and I failed miserably. The crying stopped slowly, from four hours a day to just an hour until it completely stopped. I attended the first pride march this year and I've finally started accepting myself. So I guess for me personally, it was important to find people who had experiences similar to mine and would get me. Having people you can talk to makes things so much easier.'

These problems though may not presently exist, seem to have troubled the participant at one point in time. The participant showed some resistance towards some of the questions asked, such as in the case of harassment and was more vocal regarding other responses including relationship with parents and challenges faced. The participant is hesitant to be open about her sexual orientation in her place of work, in fear of gaining negative attention. However, themes of internalised homophobia as explained above may however be observed throughout the course of the interview.

Experiences of Discrimination:

The discrimination faced by the participant from with-in the LGBTQIA+ community was rather eye-opening. The participant seems to have faced major challenges due to her interaction with lesbians, rather than from heterosexual individuals. The participant also commented regarding her experiences with her psychiatrist to be dissatisfactory and wishes that her psychiatrist was more understanding regarding her issues pertaining to her sexual orientation. Bisexual individuals have emotional difficulties different from heterosexual individuals as well as homosexual individuals. The participant has faced discrimination from homosexual population, which may be reasoned as an outcome of internalised homophobia in the homosexual individuals whom she has interacted with. As these homosexual individuals show a strong negative attitude towards bisexual individuals, the participant has had emotional difficulties, at a period of time where she was uncertain about her sexual orientation. The participant also remarks that some lesbians have targeted her for not being —queer enough who may have contributed to the participant's feelings of isolation and loneliness.

The participant describes her experiences with her psychiatrist to be dissatisfactory. Mental health professionals must develop sensitivity towards the issues of sexual minorities which may aid them better to help their clients. However, the participant feels that her doctor left her feeling incapable of overcoming her difficulties, due to their lack of judgment regarding the severity of her issues. The participant has faced sexual harassment from her classmate in college. She was unable to protect her safety and best interests at the time and still presents hesitation to discuss the topic.

Expectations of Discrimination:

Though the participant has accepted her identity as a bisexual woman, she is hesitant to disclose the same to her co-workers. Though the participant justifies this as being an unnecessary disclosure in the place of work, she also remarks that she doesn't like being talked about and thus expects negative outcomes of this disclosure.

Due to endured emotional difficulties caused by both homosexual and heterosexual individuals, the participant has learnt to expect negative attitudes of her co-workers as well. Though the outcome of the participant disclosing her sexual orientation to her co-workers may be unknown, the fear has certainly affected her and the participant has developed a pessimistic outlook towards the society (Chakrapani et al. 2015). The participant also says that she avoids certain social situations such as sleep-overs which may be due to private inconveniences rather than expectations of discrimination.

Expectations from Society:

The participant was quite vocal while expressing her concerns regarding societal evils such as corrective rape and discriminatory killings. Corrective rape may be understood as a homosexual individual being forced into sexual intercourse with a person from the opposite sex in view to alter or correct the sexual orientation of the homosexual individual. The participant is of the opinion that this is prevalent in large numbers in our society. However, further study is required to analyse the

prevalence and severity of the same. The participant hopes to have the freedom to marry and perhaps start a family with whom so ever she chooses and looks forward to the legalisation of gay marriage in India.

Finding Social support:

The participant remarks that finding friends and social support have had a positive impact on her as she is able to confide in another person who is better equipped to express empathy towards her. Developing a good support structure for herself has aided in the development of the participant's sexual identity as well, while having her exposed to variety of experiences, which may have otherwise been impossible in her conservative social circles. Majority of them would like to see their parents as a resource, accept more parental guidance, and even develop a more appropriate perspective on parents as people with strengths and weakness with reflective functioning (Fonagy et al. 2002). The therapist or taking a professional help might help parents learn some emotional coaching skills that can increase their listening and attunement skills (Gottman, 2011).

Relationships:

The participant's approach to a romantic relationship gave insight into the problems faced by bisexual individuals while finding same-sex partners. This has been a major contributing factor to the psychological distress of the participant, as understood by the progression of the interview. The participant also mentions that she sometimes dates both men and women together, while her partners being completely aware of the situation. Past experiences of finding same-sex partners have helped the participant develop strategies to avoid individuals who may object to her practices. Difficulties around finding same-sex partners can be reasoned to be consequences of internalised homophobia and with-in group discrimination. However, these experiences may be unique to the participant and an exploration of the prevalence of such trends is required. Attachment theorists refer to this as a "goal corrected" partnership where both sides are invested in maintaining the relationship and thus more willing to enter into a "give and take" relationship (Waters & Cummings, 2000).

CONCLUSION:

In India, the chances of a person being confused about his or her sexuality are particularly high. One is expected to be normal, which is a description of heterosexuality.

The psychological distress, therefore, faced by bisexual individuals has aspects which bare some similarities to those faced by homosexual individuals while also having some aspects that are unique to bisexual individuals. Owing to the larger occurrence of psychological distress in bisexual individuals, and the queer community in general, there is a need for developing queer-inclusive therapy models, while educating mental-health professionals regarding the type of problems faced by such populations. This may be a major step to fight stigma against sexual minorities and to thus help build a more tolerant society.

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